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September 17, 2010

U.S. Department of Labor
Employee Benefits Security Administration
Office of Health Plan Standards and Compliance Assistance
Attention: RIN 1210-AB44
Room N-5653
200 Constitution Avenue, N.W.
Washington, D.C. 20210

U.S. Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Attention: OCIO-9992-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Internal Revenue Service
Attention: CC: PA: LPD: PR (REG-120391-10)
Room 5205
P.O. Box 7604
Ben Franklin Station
Washington, D.C. 20044

Re; OCIO-992-IFC

Dear Sir or Madam:

On behalf of the Care Continuum Alliance, I respectfully submit these comments in response to the Interim Final Rules (IFR) for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act (PPACA) issued in the *Federal Register* on July 19, 2010.

The Care Continuum Alliance represents more than 200 organizations and individuals dedicated to high-quality, cost-effective care. Our members provide an array of services along the continuum of care including wellness, chronic care management and palliative care. Our diverse members include wellness, chronic care and population health management organizations, health plans, physician groups, hospitals, employers, pharmaceutical manufacturers, pharmacy benefit managers, laboratory companies, health information technology innovators and device manufacturers, academicians, consultants and others. These diverse organizations share the vision of aligning all stakeholders to improve the health of populations. We advocate coordinated, collaborative and integrated care models supported by data-driven, HIT-supported and evidenced based care processes.

The Care Continuum Alliance strongly supported PPACA provisions designed to provide or increase access to primary and preventive care benefits and services in any standard benefit package. We believe improved access to preventive services can be achieved by reducing or eliminating cost sharing requirements for such services and reduce further barriers for accessing care. These strategies are important components of a broad-scale effort to transform our health care system from one focused on acute and reactive care to one focused on preventive care and the promotion of health.

Specifically, Section 2713 of PPACA requires health plans and health insurance issuers to provide coverage for preventive services that are recommended by the U.S. Preventative Services Task Force (USPSTF) without cost sharing for patients. This provision is intended to remove access and financial barriers to obtaining prevention services.

Covered Preventive Services

Many of the USPSTF recommendations (for services with A and B ratings) are for screening and assessment and the Care Continuum Alliance supports these important and evidence-based preventive screening recommendations. Five screening recommendations, including those related to weight management and tobacco use, provide for counseling services and emphasize “person-to-person” interventions. While the USPSTF recommendations are intended to provide the needed flexibility for providers to design programs that meet the needs of the patient, The Care Continuum Alliance is concerned that this emphasis could prevent the capacity-expansion utilization of non-physician health care practitioners to provide these important support services.

Increasing access to these important preventive services through reducing patient cost sharing will likely result in dramatically increased utilization of such services. Care Continuum Alliance members offer essential support services to providers that can help mitigate both provider access concerns and health workforce shortage issues. The increasing prevalence of chronic disease could outstrip the resources of an already understaffed and overburdened primary care workforce. Allied health professionals can assist providers with successfully incorporating these new wellness and prevention benefits into patient care.. For these reasons, the Care Continuum Alliance recommends that the USPSTF and the Departments recognize the value and benefit of supplemental services such as telephonic coaching and counseling and web-based interventions.

Medical Management

The IFR preamble specifically notes the ability of health plans to use “reasonable medical management” techniques for coverage limitation determinations when the USPSTF recommendation does not specify frequency, method, setting or treatment. The Care Continuum Alliance believes such flexibility is important and that the final rule should retain the medical management provision to facilitate the appropriate translation of the USPSTF recommendations and clinical considerations into benefits or covered services. Enabling health plans and employers to utilize medical management

techniques allows them to better manage their populations resulting in a healthier workforce.

Value-based Insurance Design

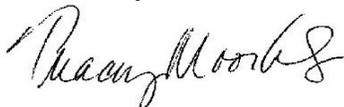
PPACA gives authority to the Departments for development of guidelines on the use of “value-based insurance designs” (VBID) as part of preventive health services offerings. The IFR recognizes the importance of the role of VBID in promoting the use of appropriate preventive services and seeks comments related to the development of such guidelines to promote consumer choice of providers or services that offer the best value and quality, while ensuring access to critical, evidence-based preventive services.

The Care Continuum Alliance supports the notion that VBID will steer consumers toward value-based health care and improved health status. A core goal of VBID is getting more health benefit out of every health care dollar. Achieving that goal, however, requires that benefit design changes be accompanied by education and strategies designed for maximum consumer engagement as well as measurement of the impact of the specific design strategies. To date, there are only a handful of studies that assess the impact of VBID on both utilization and adherence. The Care Continuum believes strongly in the need for a robust research agenda specific to VBID.

Further, the Care Continuum Alliance supports the alignment of VBID with outcomes-based contracting and believes that assessing the value of a treatment or benefit package requires consideration of both cost and quality of services during the plan design and contracting stage. The Care Continuum Alliance believes that VBID has an especially important role in outcomes-based contracting. Specifically, when applying VBID tools such as elimination of patient co-payments, it is important to measure the impact of that benefit design tool as a way to ensure the strategy is effective and appropriate for the population.

We appreciate the opportunity to provide these comments and look forward to being a resource to the Departments as they finalize the interim final regulations around preventive services.

Sincerely,

A handwritten signature in black ink, appearing to read "Tracey Moorhead". The signature is fluid and cursive, with a large initial "T" and "M".

Tracey Moorhead
President and CEO